

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24195

State File No. \_\_\_\_\_

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY OR TOWN <u>Webb City, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>810 W. Daugherty St. 0492</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lee</u>		b. (Middle) <u>William</u>		c. (Last) <u>Wann</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>31</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 8, 1880</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u></u> YEARS <u></u> DAYS <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Co. Harri son Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DuPont Powder</u>		13a. FATHER'S NAME <u>James Wann</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Nina E. Wann</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>487-09-0748</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nina E. Wann</u>	
16. ADDRESS <u>Webb City, Mo</u>		17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Hypostatic Pneumonia (lobar)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		19. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>	
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. DATE OF OPERATION <u>7/31/56</u>		21. MAJOR FINDINGS OF OPERATION <u>332X</u>		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>7/17/56</u> to <u>7/30/56</u> that I last saw the deceased alive on <u>7/30/56</u> , and that death occurred at <u>12:20 AM.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Wm. Webb, Jr. M.D.</u>	
23b. ADDRESS <u>Webb City, Mo</u>		23c. DATE SIGNED <u>7/31/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 2, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Forrest Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin MO.</u>		DATE REC'D BY LOCAL REG. <u>7-31-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sirtzer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson Mortuary</u>		ADDRESS <u>Webb City, MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7740

County File Number 56-8-623  
Date Filed AUG 6 1956

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Licensed Embalmer No. 444

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.